FIRST MEMORIES OF DRUG ADDICTS

Donald N. Lombardi, Seton Hall University, New Jersey
and
William P. Angers, Newark State College, New Jersey

Two concepts that enjoy special prominence in the system of Alfred Adler are the life style and early memories. A person develops his own individual "meaning of life"—"I am like this and the universe is like that," a meaning given to himself and a meaning given to life (Adler, 1931). Adler regarded a person's memories as the greatest aid in gaining a quick understanding of his style of life. The very earliest incident a person can recall is especially important because it shows the individual's fundamental view of life, his first satisfactory crystallization of his attitude (Adler, 1931).

The purpose of the present investigation is to study the life style of a sample of drug addicts as seen from their early memories. With regard to Adler's position on addiction, the Ansbachers (1956) report that the addict is a person confronted by a problem which seems insoluble. A veiled or disguised attack on others who will have the sorrow or care is often present. Very frequently, the beginning of addiction shows an acute feeling of inferiority marked by shyness, a liking for isolation, oversensitivity, impatience, irritability, and by neurotic symptoms like anxiety, depression, and sexual insufficiency. The craving or addiction may also begin with a superiority complex. In all cases of addiction, the people concerned are seeking alleviation in a certain situation. In discussing the adolescent drug addict, Laskowitz (1961) points out the adjustive value of drugs as follows: "The drug elevates the threshold for the perception of threatening stimuli and thereby safeguards against anticipatory feelings of inadequacy."

METHOD AND PROCEDURE

As stated above, the purpose of this study is to examine the early memories of drug addicts to determine if there exists a relatively common life style. Each addict was asked to give his earliest recollection or memory, the first thing that he could remember. The subjects were told that the investigators were making a study of first memories. A subject was not stopped from giving more than one memory.

In this way, early memories were obtained from 13 drug addicts and separately examined by means of a corporate analysis, since it was known that all the subjects were addicts. After each memory had been analyzed, an effort was made to find common features and elements among the various memories. The next objective was to determine whether or not an "addict style of life" had been uncovered.

The subjects were 13 drug addicts participating in a rehabilitative program sponsored by the Mt. Carmel Guild Narcotics Clinic, located in Newark, New Jersey. They were using one or more of the following drugs: heroin, cocaine, cough medicine (codeine), goofballs (barbiturates), amphetamines (stimulants), tranquilizers, marijuana. As far as could be determined, the subjects were clean at the time the memories were obtained. That is to say, they were not high or in a state of euphoria.

They were all males, ranging in age from 18 to 23. Most of the subjects had not finished high school; only one had gone to college, but for one semester only. The group contained Caucasians and Negroes; Catholics, Protestants, and those
with no professed religious affiliation. They came from the middle and low socio-economic levels of a large urban population. The average time of drug use was several years.

Experimental and control subjects were matched for age, education, religion, race, and socio-economic level. In fact, all the control subjects came from a drug infested neighborhood. The early memories were obtained from the control subjects by a clergyman, and his social stimulus value might have somewhat affected the content of the memories. However, he utilized the same instructions and procedure as the investigators, and the memories were examined in the same way as for the experimental group.

Three evaluators were asked to read the early memories, which had been mixed together between the experimental and control groups, and rate each high or low with regard to six descriptions which would suggest their life styles. The descriptions were: self-image, degree of activity and initiative, social interest, leaning-dependency, view of the world as a hostile and dangerous place, and, lastly, direction and goal in life.

METHOD AND INTERPRETATION

The early memories of the 13 drug addicts are presented in Table 1. Interpretations of the memories are presented below. They are by the present authors.

<table>
<thead>
<tr>
<th>Table 1. The Early Memories of 13 Drug Addicts</th>
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<tbody>
<tr>
<td>Subject A:</td>
</tr>
<tr>
<td>1) I remember my birthday party when I was five years old. I got a football and a toolbox for presents. (When asked who attended the party, subject answered: my mother and father were there and my aunts. I guess my grandmother was there too, because she lives in our house.)</td>
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<tr>
<td>2) I was three years old, riding my sister’s scooter. My older sister used to ride it all the time. Right in front of the house the scooter tipped over; my left shoulder bone hit the curb. It was fractured. I went to the doctor for an X-ray. It was in a sling for seven weeks, no cast.</td>
</tr>
<tr>
<td>3) I was just a boy walking. My parents brought home frozen bananas with chocolate coating. Nobody remembers it but me.</td>
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<tr>
<td>4) I remember my first pair of sneakers. I remember how real proud I was. I got them on a Friday night. Saturday I woke up early about five o’clock in the morning. At that time I lived in a housing development, so I ran around the building trying to wake up my friends.</td>
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</table>

Subject B:

1) I remember smoking when I was around 8 or 9. I used to pick up butts from the street.

Subject C:

1) I remember when I saw my first movie. It was one of those Buffalo Bill pictures. They were fighting and Buffalo Bill threw the Indian into the water; and I remember thinking, “Kill him, kill him!”

2) I remember my uncle. He used to get drunk all the time. He used to hold me by the hands and hold me over the edge. Once he let me go, but I didn’t get hurt.

3) Once I got bit on the hand by a dog and it hurt. But I guess the pain was all imaginary, because when I went to show my mother, she said there wasn’t anything wrong. I remember thinking, “The dog is better than me in this house.”

Subject D:

1) I had my bike on top of a hill and I put my feet up on the handlebars to roll down. I fell and had to get three stitches in my forehead.

2) I used to live in Massachusetts, and there were these little mountains across the street. We used to play cowboys and Indians.

3) There was a stable down the road, and we used to pretend we were holding up the old guy and tease him. One day he brought me home and told my father. But we went back that night and let out one of his horses.

Subject E:

1) I was walking with my mother in V---- Park. I don’t remember if my father was there;
I don’t think he was. We weren’t going anywhere special, just walking around.

2) In nursery school this kid found this bug, a praying mantis or something. The kids were all standing around watching this kid play with it. They were saying, “Look at this kid; he’s not afraid of it.” I was terrified.

3) This was in nursery school too. There was a big bowl of spaghetti on the table where I was sitting. The nun came over and told me to move to another seat. She made some funny remarks, but I don’t remember them.

Subject F:
1) I was in the high chair and my mother was feeding me. My grandmother was on the porch and peeking in the window. I was happy about this.

2) I was in the crib. I got out of the crib and got into bed with my mother. The crib was in the same room with my parents.

3) It was Christmas Eve. My father woke me up in the car to bring me upstairs. He said Santa Claus was on the next block and would come here. So I went upstairs and went to sleep.

4) I was walking in the stroller with my mother. It was a sunny day. We were just strolling. It was very pleasant. Maybe my grandmother was there too.

Subject G:
1) They brought me to the hospital because I couldn’t walk. I was trying to tell them I couldn’t walk, but I kept trying and I fell. There was a TV in the next room. It was the first time the Lone Ranger was on.

Subject H:
1) My mother was trying to teach me to walk and I couldn’t. I was tall but had short legs. This lady came downstairs to take care of me. She was like an aunt to me.

Subject I:
1) I was in the hospital. I came out and went home. I had whooping cough. My father took me to R—-- to breathe gas [a home remedy for whooping cough]. I remember the fire on top of the tanks.

2) I was in the kindergarten and the teacher was playing the piano. I had a sailor suit on with short pants. We were playing Tippy-Toe Airplane. I wet my pants. The teacher called my sister, who was in the third grade, and she took me home and scolded me.

3) I was only two and one-half pounds when I was born, and I had to be put in an incubator. When people saw you they would say, “How pretty.” But when you left, they would say, “What an ugly duckling. What a shame.”

Subject J:
1) I was on a three-wheeler bike, and I used to ride it all day long. With my friend, I used to take it apart and my father used to fix it.

2) I was in the kindergarten and we used to take a nap on the floor. One day I played hooky; I didn’t like school and I hid behind the garage.

3) I hit my head on the piano and had to go to the hospital.

Subject K:
1) I went to kindergarten and I cried. I didn’t want to stay in school. A bunch of kids were there and I was afraid.

Subject L:
1) I remember when I was about six, my grandfather—well, I had this whistle and I was blowing it and stopping cars and he came and hit me.

2) When I was about seven, I got hit by a car. I ran upstairs into the hallway and started crying. I didn’t tell my mother, I wasn’t hurt but I was scared.

3) When I was around nine, I got my first bike. I was riding it and this lady hit me. She had a Cadillac (I remember that) and she wanted to take me to the hospital, but I didn’t want to go. She told my grandmother and she hit me.

Subject M:
1) This is like an anecdote, I guess. When I was about five, I lived in a house where the garage was in the back and to the side. I was going in the back door because I had been taught to go in the back. There was a wasp or something on the garage door. It scared the living hell out of me. I went out front and I cried, I guess. Then someone came along and helped me out. I don’t remember who it was.

2) I used to enjoy waiting for my father to come home. He had an old Chevy and he used to drive up this gravel driveway. I used to yell, “Daddy, Daddy.”
3) I remember this one incident. I was on something like a sleigh ride, and I fell off and hit my head.

4) We were playing this game, “Hot Belt.” (Subject explained that whoever is “it” has a belt and whips whomever he catches). I got caught and got whipped. This girl came along and started giving me some consolation; you know: “Poor N----.”

The most obvious characteristic found in Subject A’s memories is his concern with the receiving of gifts and presents. He is a leaning-dependent type who is more interested in receiving and taking than in giving. He speaks of himself as “just a boy walking,” implying an inadequate self concept and lack of clear direction. He seeks attention from his peers by impressing them with his gifts and presents, and he seeks attention from his family by taking his sister’s scooter and hurting himself right in front of the house. (It is interesting to note that several months before these memories were obtained, the subject had taken his sister’s clarinet and pawned it in order to get money for the purchase of drugs.)

In Subject B, one can see a person with a very poor self-image and low self-esteem. He has a desire to be looked up to, and his smoking at age 8 or 9 may have been a way of proving his adequacy and masculinity. The use of drugs is probably a continued effort along these lines on his part.

Again, in Subject C’s memories, one finds evidence of low self-esteem and a poor self-image (even the dog is better than he). The world seems to be a hostile and threatening place for him. (During the interview, the subject displayed a long kitchen knife which he generally carried on his person.) The subject being a Negro, the battle between Buffalo Bill and the Indian may have had the significance of a conflict between a majority and minority group. One wonders whom he wanted to be killed, the Indian or Buffalo Bill. In either case, there is evidence of a sociopathic attitude in his interpersonal relations. The authors are also aware of possible homosexual implications (“used to hold me by the hands”) but favor an interpretation regarding the world and people as hostile and threatening. The motion picture indicates identification with fantasy figures.

Subject D’s stunts on the bicycle seem to be saying, “If you want attention and to be noticed, you have to perform antics and hurt yourself.” The subject has a misformed ability to cooperate: he can cooperate with peers in anti-social acts, but not with adults. He is also predisposed toward fantasy. The next subject, E, shows a lack of direction. He has feelings of inadequacy and insecurity, a poor self-concept, and feels that he does not measure up to the expectations set for him. Subject F is seen as being dependent and passive. He feels helpless and useless and would much rather receive than give. There were a preponderance of female figures in his early life, and he shows a lack of direction and goals.

For Subject G, there is a clear history of organ inferiority, from which develop strong feelings of inadequacy and inferiority. He is unable to do things satisfactorily for himself, and a certain amount of dependency is noted. He also has a predisposition toward fantasy, and interestingly enough, his first recollection includes mention of the “Lone Ranger.” There is also a dominance of females in Subject H’s first memory. He has a very poor concept of himself and especially of his body image. He also appears to be a leaning-dependent type.

Subject I has an extremely poor self-concept. He shows strong feelings of inadequacy and inferiority, and some dependency. Subject J lacks responsibility and does not enjoy healthy relationships with his peers. In order to receive attention and recognition, he does unusual things such as breaking things so they have to be fixed, play hooky, or bang his head.

Subject K had difficulty in giving a memory, and apparently his early child-
hood was not very pleasant. The world of people seems to be a hostile place, and he had poor relationships with his peers. That he has a poor self-image and self-concept is quite evident. Subject L is a minority group member, and mention of “car” in all three of his memories indicates that it has some symbolic significance for him, probably representing high prestige and status. In order to get attention and recognition, one must perform stunts and get into trouble. The world is somewhat hostile and dangerous, and society is viewed as being against him and responsible for hurting him. For Subject M, to get attention and recognition one must get hurt. Not good enough for the better things in life, he must use the back door. This is coupled with feelings of inadequacy and low self-esteem.

The 16 early memories of the 7 control subjects are presented in Table 2. An overall interpretation of these memories is found in the following section.

Table 2. The Early Memories of 7 Control Subjects

Subject A:
1) My mother had aspirin. I thought they were candy and I got sick.
2) I was taking a bottle and a girl came in with trench mouth and I got it.
3) I got pushed off bench in kindergarten—got 3 stitches.

Subject B:
1) First day at school I was the only one who wasn’t crying. A kid threw up all over the table.
2) When I first joined the altar boys, I was very afraid of not knowing Latin. I didn’t show up to serve during the summer and when asked why, I said I went to Florida, and Sister knew I was lying and she hit me.

Subject C:
1) My birthday was out in the country in the front yard of my aunt’s place. There were lots of kids and I rode my first horse.
2) I remember my father and my uncle having an argument upstairs in my grandmother’s apartment. Grandmother got sick and I called the doctor.

Subject D:
1) I was almost swallowing a plug while playing behind the refrigerator and was choking when mother came and took it out.
2) Mother gave me a sack of marbles and this made me very happy.
3) I remember taking the bottle for a long time and wouldn’t go to sleep without it.

Subject E:
1) I got a beating the first day I went to school. I didn’t want to go to public school. Mother chased me with a pot.
2) At 3 years old I was taking Carter’s Little Liver Pills and they tasted awful.
3) I had a cold and was given hot wine to take by my mother. It tasted awful.

Subject F:
1) I always carried drumsticks because I wanted to be a drummer and liked to drum.

Subject G:
1) I was going to Coney Island with my mother. I had fights with friends and never lost.
2) I was going to the park with my father to play baseball with older men.

One of the three evaluators in returning the memories did not rate them high or low in the six variables. Instead he returned the memories with blind interpretations which were in agreement with the interpretations given by the authors, who had knowledge of the backgrounds of the subjects.

Two of the three evaluators rated all the six variables, whether high or low. Then a Chi Square was computed for each evaluator for each variable. In other words, a two-by-two contingency table was set up for each variable to determine whether or not for a given evaluator there was any relationship between the rating and the two groups. Each entry in Table 3 represents the Chi Square value obtained in this way. The Yates Correction for Continuity was applied for all fre-
quencies less than five. In all cases the degree of freedom was 1. A statistical summary is presented in Table 3.

Table 3. A Summary of Chi Squares Obtained from Two Evaluators Rating Each of Six Variables for the Addict and Control Subjects

<table>
<thead>
<tr>
<th>Variables</th>
<th>Evaluator 1</th>
<th>Evaluator 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Image</td>
<td>.08</td>
<td>.58</td>
</tr>
<tr>
<td>Degree of Activity</td>
<td>.04</td>
<td>0</td>
</tr>
<tr>
<td>Social Interest</td>
<td>1.74*</td>
<td>0</td>
</tr>
<tr>
<td>Leaning-Dependency</td>
<td>1.10**</td>
<td>.13</td>
</tr>
<tr>
<td>View of World as Hostile and Dangerous Place</td>
<td>0</td>
<td>1.08**</td>
</tr>
<tr>
<td>Direction and Goals</td>
<td>.03</td>
<td>1.82*</td>
</tr>
</tbody>
</table>

* P < .20   ** P < .30

DISCUSSION

After the 34 memories of the 13 experimental subjects were obtained and interpreted, a tally sheet of the main points of the memories was compiled. A total of 16 memories for the seven control subjects was similarly treated. The differences between the two sets of memories were taken to be a reflection of the drug-addict life style. However, it is recognized that every person has an individual style of life, speaking of types being only a conceptual device to make more understandable the similarities of individuals (Ansbacher and Ansbacher, 1956).

Examination of all the memories reveals that the drug-addict life style has the following characteristics. The addict seems to be a leaning-dependent type of person who is much more concerned with receiving and getting than with giving. He lacks direction and goals in life and finds the world a hostile and dangerous place. There are high feelings of insecurity and inadequacy. He seeks attention and recognition in unusual and maladaptive ways. Sometimes this may take the form of hurting or injuring himself. The addict also has a predisposition toward making fantasy adjustments.

There were a preponderance of females in the memories of the experimental subjects, but this was also true of the control subjects. With regard to the memories of the control subjects, there was an absence of pathology. The control memories also show that there was no aimless wandering. Thus, the lack of direction and goals on the part of the addict is underscored. The addict feels like a lost soul. In none of the 16 control memories was there evidence of a poor self image or concept. In fact, in two of the memories, there were signs of a good self-concept. This stresses the importance of a poor self-concept and low self-esteem in the life style of the drug addict.

Laskowitz (1961), who obtained three early recollections from young addicts, comments, "The patients' early recollections frequently involve an encounter with some form of interpersonal or physical danger." Further analysis of Laskowitz's memories seems to be in accord with the life style as uncovered in the present study. There is agreement in the following ways: the world seen as hostile and dangerous, the leaning-dependent type, the presence of female figures, and poor self-image.

Although the results of the blind quantitative ratings (Table 3) in the preceding section did not approach significance at a satisfactory level, each of the two evaluators did select two different variables which were significant at lower levels. It is interesting to note that each of the four variables approached signifi-
cance in the desired direction. That is to say, the result of the quantitative analysis indicates a slight tendency for the addict to have a life style of low social interest, to be a leaning-dependent type, to view the world as hostile and dangerous, and to lack direction and goals in life.

FOOTNOTES

1. We are grateful to Messrs. H.G. Heinzmann, G.A. Mango, and O. Simmons of Seton Hall University for their assistance in the early phases of this investigation.

2. Dr. Lombardi is also affiliated with the Mount Carmel Guild Narcotic Clinic in Newark, New Jersey.

3. Gratitude is expressed to the Mount Carmel Guild Narcotic Clinic in Newark, New Jersey, for making available the addict and control samples.

4. Gratitude is expressed to Willard Beecher, Co-Director of the Beecher Consultation Service, New York City, for his cooperation in this study. He felt it was difficult “to understand a functioning dynamic process by trying to project it as the sum-of-its-imputed attributes.”

5. Gratitude is expressed to Dr. Helene Papanek, Director and Dean of the Alfred Adler Institute, New York City, and Dr. Manford Sonstegard, Professor of Guidance and Educational Psychology, Southern Illinois University, who served as Evaluators 1 and 2 respectively.

REFERENCES


DIMENSIONS OF THE INTELLECT UNMEASURED BY THE STANFORD-BINET

G. Edward Stormer, Morganstown, West Virginia

[Digest of paper read at ASAP Annual Conference, New York, N.Y., May 1967.]

The study reported here is directed to the problem of the ambiguity of meaning of the intelligence test score and the need for identification and evaluation devices consistent with the new educational programs emerging from various curriculum reforms. The specific goal here is to perform a comprehensive factor-analytic study of the Revised Stanford-Binet, the direct (or indirect) criterion of giftedness.

The data was drawn from administration of the Stanford-Binet, 1960 revision Form L-M, and a 5½ hour battery of reference tests chosen as stable measures of specific intellectual abilities, given to a random sample of typical 15 year old students. The battery included a number of tests labeled as creativity tests. The sample was made up of 428 students, 208 boys and 220 girls at the age 15, primarily ninth-graders. Students were selected from ten different schools located geographically all across the state of Illinois in such a manner as to provide a representative distribution of density of population and socio-economic status.

The results support the hypothesis of a multifactor pattern of the intellect which clearly includes divergent production as a significant factor. Memory and spatial aptitudes are only slightly measured by the Binet; the major portion of the variance in the Binet seems to measure the verbal factors of fluency, reasoning, and production. This would imply that typical identification procedures based